



**INDUSTRIAL & HAZARDOUS WASTE  
TRANSPORTER NOTIFICATION  
FORM & INSTRUCTIONS**

**Please read the INSTRUCTIONS before completing the form.**

<p style="text-align: center;"><b>INSTRUCTIONS FOR COMPLETING COMPANY &amp; TRANSPORTER INFORMATION</b></p>
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**Section A. Company Information**

1. **COMPANY NAME:** As registered with the Secretary of State.
2. **SITE NAME OR DOING BUSINESS AS (DBA):** If different from Question 1.
3. **EPA IDENTIFICATION NUMBER:** Please provide the 12 character Environmental Protection Agency identification number (if one is already assigned). These numbers are site specific. If you have not requested a number for this specific site, please complete EPA Notification of Regulated Waste Activity (EPA Form 8700-12) and submit the completed EPA Form 8700-12 with this Transporter Notification Form.
4. **MAILING ADDRESS:** Provide information on the location where all correspondence should be sent.
5. **SITE ADDRESS:** Provide all requested information on the physical location of your facility, not a post office box or route number.
6. **POINT OF CONTACT:** Provide all requested information for the individual who represents your facility regarding hazardous and industrial waste management issues.
7. **FACILITY BUSINESS DESCRIPTION:** In your own words, describe the primary function of your business.

**Section B. Transporter Information**

1. **CARRIER CLASSIFICATION:** Do you transport for hire? Check the appropriate box.
2. **WASTE TRANSPORTED:** Indicate all types of waste transported by your company. Check all that apply.

**Section C. Certification**

The preparer certifies the validity of the information.

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\_\_\_\_ of \_\_\_\_

**TEXAS NATURAL RESOURCE CONSERVATION COMMISSION  
TRANSPORTER NOTIFICATION FORM  
GENERAL INFORMATION**

Please provide the information requested below. **PLEASE PRINT.**

**Section A. Company Information**

**1. COMPANY NAME:** \_\_\_\_\_

**2. SITE NAME:** \_\_\_\_\_

**3. EPA IDENTIFICATION NUMBER (if known):**

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**4. MAILING ADDRESS:**

Street Address \_\_\_\_\_

P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_ - \_\_\_\_

**5. SITE ADDRESS:**

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_ - \_\_\_\_

**6. POINT OF CONTACT:**

First Name/Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Telephone: (     ) \_\_\_\_\_ Title: \_\_\_\_\_

**7. FACILITY BUSINESS DESCRIPTION:**

Describe the primary function of your business. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Section B. Transporter Information**

### **1. CARRIER CLASSIFICATION:**

a. Do you transport for hire? ☐ Yes ☐ No

### **2. TYPES OF WASTE TRANSPORTED - check all that apply:**

- ☐ Hazardous\*
- ☐ Class 1
- ☐ Class 2
- ☐ Class 3
- ☐ Municipal Solid Waste
- ☐ Used Oil
- ☐ Used Tires
- ☐ Medical Waste
- ☐ Sludge
- ☐ Other

\*If you transport any hazardous waste you need an EPA Identification Number. Please complete EPA Notification of Regulated Waste Activity Form (EPA Form 8700-12) if you do not already have or have not already requested (filled out the EPA 8700-12) an EPA Identification Number.

## **Section C. Certification**

*I certify that the information here is complete and accurate to the best of my knowledge:*

*Preparer's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*Preparer's Phone Number:* (       ) \_\_\_\_\_

Please return to:

Waste Evaluation Section, MC-129  
Industrial and Hazardous Waste Division  
Texas Natural Resource Conservation Commission  
P.O. Box 13087  
Austin, Texas 78711-3087  
(512) 239-6832  
Fax: (512) 239-6410